

**Certification and Licensure  
Issues Related to the Treatment  
of Co-occurring Disorders**

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**3:30-4:30 P.M.**

# Overview

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- Purpose of licensure and certification for professionals is to protect the public and ensure that practitioners have meet standards for practice.
- Purpose of licensure and accreditation of programs is to ensure that they meet state regulations and/or national operating standards and also protect the public.

# **Licensure and Certification of Professionals – Key Definitions**

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- Licensure: A license is a property right of an individual and as a property right a license is backed by the laws of the State in which it is granted. (Shimberg & Roederer, 1994) “...it is illegal for a person to practice a profession without meeting standards imposed by the State.” (Schoon & Smith, 2000)

# **Licensure and Certification of Professionals - Key Definitions**

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- Certification: A process established by a private sector body that defines standards for professional practice. It may prohibit the use of a title or designation but often does not restrict someone from practicing a profession. (Schoon & Smith 2000)

# **Licensure and Certification of Professionals – Key Definitions**

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- Difference between licensure and certification is that certification is voluntary, not overseen by a governmental body and usually does not prohibit someone from practicing
- Some states use the term “certified to indicate a license-e.g. “certified independent social worker” instead of “licensed independent social worker

# Purpose of Licensure and Certification

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- Provides assurance that practitioners
  - have met standards of practice
  - Can perform scope of practice established for the profession
  - Have demonstrated knowledge and skill to practice
- Provides protection from incompetent and unscrupulous professionals

# **Current Scopes of Practice and Core Competencies**

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- Scopes of Practice for social workers, psychologists and psychiatrists include assessment, diagnosis, treatment of mental, emotional and behavioral disorders
- The scopes of practice for psychiatrists, psychologists, social workers, mental health counselors, and marriage and family therapists also include addiction treatment
- However, pre-service education for these disciplines contains little content on addictions

# Specialty Credentials

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- Specialty credentials in addictions exist for psychiatrists, psychologists, social workers and licensed professional counselors
- Fewer than 7 percent of practitioners hold these national credentials (Harwood, et al, in press)
- Some States (e.g. CT, IL, PA) have developed or are in the process of developing specialty credentials in COD but they are generally for addiction counselors



# Specialty Credentials Requirements

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- Mental Health Practitioners need to know the Transdisciplinary Foundations as described in the Addiction Counseling Competencies (CSAT 1998)
  - Understanding Addictions (models & theories; behavioral, psychological, physical health and social effects of psychoactive substances)
  - Treatment knowledge ( continuum of care; importance of social, family and other support systems; understanding and application of research; interdisciplinary approach to treatment)
  - Application to Practice ( Understanding of diagnostic and placement criteria; understanding of variety of helping strategies)
  - Professional Readiness ( Understanding of diverse cultures; disabilities)

# Specialty Credentials

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- For addiction counselors providing COD treatment the domains that have been identified include:
  - Assessment/evaluation/diagnosis
  - Clinical Competence
  - Case Management
  - Pharmacology and medical issues
  - Systems Integration
  - Professional Responsibility (IAODAPCA 2002)

# **Benefits and Risks Related to Specialty Credentials**

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- Enhance competencies of practitioners in providing services to clients with COD
- Integrates COD services into practice
- Specialty credentials are voluntary and not required for those providing COD services
- Lack of pre-service education in COD may preclude effective screening, assessment, intervention and referrals for COD clients

# Elements of a COD Certification

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- Need comprehensive understanding of substance abuse & mental disorders
  - Remission
  - Recovery
  - Resilience
- Competencies should include integrated assessment, engagement, integrated treatment planning and treatment, and long term integrated treatment methods (CSAT 2005)

# **Benefits and Risks of a COD Credential**

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- Currently a specialty credential for COD practice exists mainly for substance abuse professionals in several states
- Other disciplines have an addiction certification
- Advantage of developing a national COD credential is the creation of a scope of practice and competencies specifically designed for working with COD clients
- Risk is further splintering of the field and concerns that all patients would be perceived as needing COD treatment

# Program Accreditation and Licensure

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- Accreditation is a voluntary performance-based process used to assess an organization or institution based on established quality and safety standards. Surveyors are carefully trained to conduct the evaluation; funders and third party payors usually require accreditation of institutions and agencies

# Program Accreditation and Licensure

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- Licensure is a right or permission granted by the state to engage in a business, perform an act or engage in a transaction that would be unlawful without such a right or permission (Merriam-Webster 1996)
- States regulate the licensing of programs & hospitals; regulations may include policies, procedures, types of staff, facility safety standards and types of care specific programs can offer

# **Core Capabilities for Programs Serving COD Clients**

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- Following services are needed:
  - Integrated screening and assessment
  - Staged interventions
  - Assertive Outreach
  - Motivational interventions
  - Simultaneous Interventions
  - Risk Reduction
  - Tailored mental health and substance abuse treatment
  - Counseling
  - Social Support Interventions
  - Longitudinal view of remission and recovery
  - Cultural sensitivity and competence (CSAT 2005)



# Current Issues Regarding State Licensure of Programs

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- COD programs need to have appropriately trained & certified/licensed staff; comprehensive services including a full array of mental health and substance abuse treatment; supportive services; and implementation of evidence-based practices
- Most programs are licensed by State mental health and substance abuse agencies respectively: funding streams are separate; different data collection systems; different staffing patterns; distinct service requirements

# **Models of Licensure Standards for COD Programs**

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- Comprehensive Continuous Integrated System of Care (CCISC) model is being implemented in several states (CSAT 2005)
- CCISC integrates mental health and substance abuse systems to provide a comprehensive system of care including policies, financing, programs, clinical practices and basic clinician competencies (Minkoff 2003; CSAT 2005)

# **Benefits of Licensure and Accreditation for COD Programs**

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- Elimination of many obstacles that currently exist
- Programs would be able to screen and assess for COD and some could be designated as programs to provide enhanced services
- Programs that wish to specialize in COD treatment could be recognized
- National accreditation would create consistent standards for programs including administrative, staffing and programmatic

# Issues and Future Direction

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- Little research exists on whether licensed/certified clinicians have better outcomes than those not certified
- Though competencies in substance abuse are being added to practice standards few curricula provide adequate education or training
- Evidence-based practices for COD treatment need to be incorporated into education and training standards
- State program licensure practices still make programs providing COD treatment jump through a maze of regulations
- JCAHO has not yet established national standards for dual diagnosis programs

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